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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0051-0032

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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration  
Submitted  
With Initial  
Filing

OR

☒ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

37389-404800

First Named Inventor

Neal O'GORMAN

## COMPLETE IF KNOWN

Application Number

10 1550,188

Filing Date

09/22/2005

Group Art Unit

N/A

Examiner Name

N/A

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OPTICAL WAVELENGTH METER

the specification of which

(Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(e)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
0306724.6	GB	03/24/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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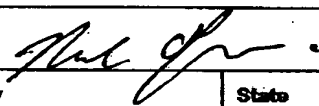

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<b>27-717</b>	OR	<input type="checkbox"/> Correspondence address below
Name	SEYFARTH SHAW LLP				
Address	55 E. Monroe Street, Suite 4200				
Address					
City	CHICAGO	State	ILLINOIS	ZIP	60603
Country	UNITED STATES OF AMERICA	Telephone	(312) 346 8000	Fax	(312) 269 8869
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	NEAL	Family Name O'GORMAN or Surname			
Inventor's Signature				Date	7-9-2005
Residence: City	DUBLIN	State		Country	IRELAND
				Citizenship	IRISH
Mailing Address c/o TSUNAMI PHOTONICS LTD, 100 UPPER GEORGE STREET,					
Mailing Address DUN LAOGHAIRE					
City	DUBLIN	State		ZIP	
				Country	IRELAND
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	RONAN	Family Name O'DOWD or Surname			
Inventor's Signature				Date	7/9/05
Residence: City	DUBLIN	State		Country	IRELAND
				Citizenship	IRISH
Mailing Address c/o TSUNAMI PHOTONICS LTD, 100 UPPER GEORGE STREET,					
Mailing Address DUN LAOGHAIRE					
City	DUBLIN	State		ZIP	
				Country	IRELAND
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	10/550,188
Filing Date	09/22/2005
First Named Inventor	O'GORMAN, NEAL
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	3738A-404800

I hereby appoint:

☐ Practitioners at Customer Number   
ORPlace Customer  
Number Bar Code  
Label here☒ Practitioner(s) named below:

Name	Registration Number
TIMOTHY J KEEFER	35,567
DOUGLAS S RUPERT	44,434

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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OR☒ Firm or  
Individual Name

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I am the:

☒ Applicant.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06).

SIGNATURE of Applicant or Assignee of Record

Name

TSUNAMI PHOTONICS LTD

Signature

Ronan O'Gorman Director R/D

Date

7/26/05

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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